



Indiana State
Department of Health

REGISTRATION FORM

INDIANA LONG TERM CARE LEADERSHIP CONFERENCE - SEPTEMBER 17, 2009

FIRST NAME															LAST NAME														
TITLE																													
COMPANY																													
ADDRESS																													
CITY															STATE					ZIP									
PHONE															EMAIL														

REGISTRATION FEES

The registration fee is \$50 for each individual. The registration fee includes the conference, conference materials, continental breakfast, and lunch.

LUNCH

- ☐ Please check if attending lunch
☐ Please check if you require a vegetarian lunch

PAYMENT must accompany the registration form.

- ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
☐ Check payable: Meeting Services Unlimited

Credit Card Number															Exp. Date			
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* *This number is required for all transactions when credit card cannot be swiped to protect the cardholder from fraud. It is a three-or four-digit number printed on the signature panel on the back of your card immediately following the last four digits of your account number.*

Security Code *

Print name on credit card _____

Signature _____
 (Authorizing Meeting Services Unlimited to charge \$50 to account for registration fees)

INSTRUCTIONS

- 1. COMPLETE** one form for each registrant or register online at <http://www.in.gov/isdh/23260.htm>. Type or print clearly within boxes.
- 2. MAIL** completed form and fee(s) to Indiana Long Term Care Leadership Conference, C/O Meeting Services Unlimited, 135 S. Mitthoeffer Rd., Indianapolis, IN 46229.
- 3. FAX** completed form with credit card payment to 317-578-0621
- 4. QUESTIONS** Call 317-841-7171 or email info@conventionmanagers.com

office use only

Received _____	Payment _____	Entered _____
Entered By _____	Confirmed _____	Sent Cxl Date _____